



Food Assistance Lead Agency Review

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Purpose

Food Assistance (FA) has the responsibility to monitor the Lead Agency’s performance, compliance, and assurance that services funded by FA are being delivered properly to help alleviate hunger in local communities. If the Lead Agency also provides direct client services then they must follow all Sub Agency requirements.

FA does this by assisting the Lead Agency in complying with the terms and conditions of the Agreement(s), applicable laws, regulations, and policies.

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Food Assistance Lead Agency Review

Section A – Lead Agency Information

(Completed by Food Assistance Staff and Lead Agency) [] CSFP [] EFAP [] TEFAP

Lead Agency Information form with sections for Board Chair or Equivalent, Executive Director, Fiscal Director, Warehouse Manager/Coordinator, Program Staff – Main Contact, and 24-Hour Emergency Contact Warehouse/Food Recalls/Disaster.



Food Assistance Lead Agency Review

Section B – Site Review | CSFP EFAP TEFAP

Lead Agency Information	
Lead Agency Name:	
Reviewer:	Review Date:
Subsection 1 – Sub Agency Management	
1. Does Lead Agency have Sub Agreements with Sub Agency (ies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (no Sub Agencies)
2. Is the Lead Agency using WSDA FA Sub Agency Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If using another document does it meet WSDA standards and was it approved? If the document was not approved, it is recommended to contact your Regional Representative and submit your agreement for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Sub Agency Files Review Eligibility	
<input type="checkbox"/> Completed Sub Agency File Review – Worksheet 4	
4. Based on Completed Worksheet 4, are Sub Agency files complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If files are not complete, it is highly recommended to communicate with the Sub Agency immediately to resolve non-compliance and gather all required documentation.	
5. Based on Completed Worksheet 4, are Sub Agency (ies) in compliance with eligibility requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Lead Agency required Sub Agency reviews:	
If answered yes, to questions a-d, please add details in the Recommendations box below.	
a. During your most recent reviews, were there significant findings noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are you using a Food Assistance approved review form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the Lead Agency ensure that Sub Agencies comply with client privacy standards requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the Lead Agency ensure that Sub Agencies who make client referrals use a client release of information template?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Overall, do you have any concerns about any Sub Agency’s performance (e.g., intake, inventory, fiscal, etc.)? Please add details in the Recommendations box.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendations	Follow-Up

Subsection 2: Warehouse and Storage

1. Frozen: Does Lead Agency have frozen (zero degrees) storage? Yes No
 - Current Temperature: _____
 - Thermometer Accurate(±1°) Yes No
 - Approximate square footage: _____
 - Pallets can be stacked _____ high
2. Cold: Does Lead Agency have refrigerated (33 -40°) storage? Yes No
 - Current Temperature: _____
 - Thermometer Accurate(±1°) Yes No
 - Approximate square footage: _____
 - Pallets can be stacked _____ high
3. Is a temperature log maintained for frozen and cold storage? Yes No
 (Logs required in order for adhering to good food safety practices so that foods are stored in a manner to protect them from spoilage, infestation, damage or other condition that may jeopardize the wholesomeness or safety of the foods.)
4. Dry: Does Lead Agency have dry storage? Yes No
 - Current Temperature: _____
 - Is there a thermometer in dry storage? Yes No
 - Approximate square footage: _____
 - Pallets can be stacked _____ high
5. Does the food stored in the warehouse meet storage requirements? Yes No

Recommendations	Follow-Up

Subsection 3: Facilities and Grounds

1. Is the cleaning of facilities done in a way to avoid contamination of food products? Yes No
2. Are fertilizers, toxic chemicals, and other potential adulterants properly stored in separate areas away from food? Yes No
3. Is storage area free of evidence of current insect, rodent, bird, pest, etc., activity? Yes No
4. Have there been any issues with pests? Yes No
 - a. If yes, have those problems been corrected? Yes No
5. Is there a routine pest control in place? Yes No
6. Is the pest control:
 - a. Self-applied
 - b. Professional

7. If professional services are used, review the last three months of pest control records. Did the last three visits indicate any problems with pests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If self-applied pest control is in place, did the last three applications indicate any problems with pests? (Review pest control log, schedule, or routine)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. Are there traps set on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the building generally in good physical repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are food products and processing areas protected from any type of contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is interior lighting available for clear visibility for staff, clients, and visitors in the facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are facilities clean and sanitary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If windows in facility can be opened, are they screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are doors and loading dock doors kept closed when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are outside premises free from spillage, trash, brush, etc., that may attract or harbor rodents or other pests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is refuse/garbage properly stored and protected from insects, rodents, and other pests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a restroom available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. If yes, are restrooms in good repair, clean, and separate from food storage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are there hand-washing facilities available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. If hand-washing facilities available, are hand-washing facilities clean and supplied with hot water, soap, and single use towels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does the Lead Agency have a Continuity of Operations Plan (COOP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. If the Lead Agency does not have a COOP plan, what plans or actions are in place to ensure the continued distribution of food in the case of a natural disaster, power outage, freezer breakdown, etc.?	
Recommendations	Follow-Up

Subsection 4 – Fiscal Review

FA Staff will verify one month of A19 invoice vouchers ensuring that they agree with supporting documentation. If FA Staff cannot reconcile the provided support to the A19 invoice voucher, FA Staff will be required to review additional months of A19 invoice vouchers and request back-up for those payments made to Lead Agency.

1. Does Fiscal back up provided support the A19 invoice voucher payment made by WSDA FA? (Cross reference receipts to the A19 paid during the fiscal year to ensure they agree to amounts reimbursed.) Yes No

2. Are all the costs requested allowable? Yes No

3. Are indirect costs allocated according to the agency's submitted Cost Allocation plan or other acceptable method of allocation? Yes No

4. Fiscal Review A19s
 Completed Lead Agency Fiscal Review – Worksheet 5

Recommendations	Follow-Up

Subsection 5: Capital Improvements, Equipment Repairs, & Equipment Inventory

1. Does the Lead Agency have capital improvements purchased with FA Funds? Yes No
 N/A

If yes, FA Staff should verify at least 10% of the Lead Agency capital improvements purchased with FA Funds. Capital Improvements should be listed on the Annual Capital Improvements Inventory Report. (Physical inspection) Yes No

If yes, is a physical Capital Improvements Inventory performed every two (2) years and reconciled? Yes No
 Reviewed Completed Annual Capital Improvements Inventory Report.
 Does not have Capital Improvements.

2. Does the Lead Agency have Equipment or Equipment Repairs of more than \$5,000? Yes No
 N/A

If yes, FA Staff should verify at least 10% of the Lead Agency equipment or equipment repairs with FA funds. Equipment should be listed on the Annual Equipment Inventory report. (Physical Inspection) Yes No

If yes, is a physical Equipment Inventory performed every two (2) years and reconciled? Yes No
 Reviewed Equipment Inventory
 Does not have Equipment Inventory Report

Recommendations	Follow-Up

Subsection 6 – CSFP Questions N/A – Not a CSFP Review

CSFP Client Management

1. Was any participant terminated for participating in CSFP under false circumstances? Yes No
 - a. If yes, please explain:
2. Are program benefits based upon certifications established in accordance with the following timeframes:
 - a. Informal certifications being conducted every 12 months to ensure that none of the information in the initial formal certification has changed and that the participant wishes to continue to participate in CSFP? Yes No
 - b. Formal certifications being conducted once every 36 months? Yes No
3. Do the Lead Agency and their Sub Agencies check the identification of each participant or proxy at the point of pick-up? Yes No
4. Are all CSFP foods clearly labeled and /or identifiable? (e.g., pallet tag) Yes No
5. When a participant is relocating to another CSFP area, does the Lead Agency have a method in place to verify certification to ensure that the participant's benefits will not be interrupted? Yes No
6. Is the current "And Justice For All" original poster posted at the site of client intake? Yes No

CSFP Lead Agency Worksheets Completed

- Completed Worksheet 2 – Food Inventory Compliance
- Completed Worksheet 3 – CSFP Client Intake & Participant File Review
- Completed Worksheet 4 – Sub Agency File Review

Other CSFP

- Examples of flyers, brochures, or other communications used to notify the public of services
- Publications include Non-Discrimination Statement – if CSFP Lead Agency

Recommendations

Follow-Up

Subsection 7 – EFAP Questions N/A – Not an EFAP Review

1. What has the Agency done to ensure all food pantries are resetting client counts every January 1? (e.g., new vs. returning)
2. What does the agency do to ensure that all sub agencies adhere to the requirement to serve all eligible Washington residents?
3. Did the Lead Agency provide both the EFAP Biennial Meeting Presentation Guidelines for Interested Parties and the EFAP Biennial Meeting Handout to all current EFAP providers and interested parties in advance of the EFAP biennial meeting? Yes No

4. Did the Lead Agency invite any new or potential sub agencies to the most recent EFAP Biennial meeting? If no, indicate why in the Recommendations box below. Yes No

5. Can you provide an update on how spending according to your EFAP Biennial meeting plan is going?

EFAP Lead Agency Worksheets Completed

Client Intake Form(s) used at the point of food access

Completed Worksheet 1 – Client Intake Compliance Verification

N/A Lead Agency does not provide client services

Completed Worksheet 4 – Sub Agency File Review

Recommendations	Follow-Up

Subsection 8 – TEFAP Questions N/A – Not a TEFAP Review

1. Allocation (%) of TEFAP between food pantries & meal programs
2. Is the Lead Agency conducting, at a minimum, monthly physical inventory counts of all federal commodities? Yes No
3. Is the current "And Justice For All" original poster posted at the site of client intake? Yes No
4. Are all TEFAP foods clearly labeled and /or identifiable? (e.g., pallet tag) Yes No
5. Is TEFAP being repackaged? Yes No
 TEFAP Food cannot be repackaged without DIRECT WSDA FA approval
 - a. If yes, do you have FA approval? Yes No
 - b. If yes, are you aware of the current food code including labeling requirements? Yes No

TEFAP Lead Agency Worksheets Completed

Completed Worksheet 1 – Client Intake Compliance Verification

N/A Lead Agency does not provide client services

Food Inventory Compliance

Completed Worksheet 2 – Food Inventory Compliance

Recommendations	Follow-Up



Food Assistance Lead Agency Review

Section C – Summary of Findings and Recommendations

(Reviewer should include all applicable recommendations and required follow-up from review.)

Summary: Sub Agency Management & Warehouse and Storage – Sections 1 & 2

Check Applicable Box:

- Satisfactory.** May include recommendations.
- Satisfactory With Follow-up Required.**
All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)
- Corrective Action.** A corrective action letter or email will be sent.

Follow-Up Required

Recommendations

Summary: Facilities and Grounds – Section 3

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-up Required.

All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)

Corrective Action. A corrective action letter or email will be sent.

Follow-Up Required

Recommendations

Summary: Fiscal Review – Section 4

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-up Required.

All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)

Corrective Action. A corrective action letter or email will be sent.

Follow-Up Required

Recommendations

Summary: Capital Improvements & Equipment Inventory – Section 5

Check Applicable Box:

Satisfactory. May include recommendations.

Satisfactory With Follow-up Required.

All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)

Corrective Action. A corrective action letter or email will be sent.

Follow-Up Required

Recommendations

Summary: Commodity Supplemental Food Program (CSFP) – Section 6

Check Applicable Box:

N/A. Not a CSFP review.

Satisfactory. May include recommendations.

Satisfactory With Follow-up Required.

All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)

Corrective Action. A corrective action letter or email will be sent.

Follow-Up Required

Recommendations

Summary: Emergency Food Assistance Program (EFAP) – Section 7

Check Applicable Box:

N/A. Not a EFAP Review.

Satisfactory. May include recommendations.

Satisfactory With Follow-up Required.

All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)

Corrective Action. A corrective action letter or email will be sent.

Follow-Up Required

Empty space for listing follow-up requirements.

Recommendations

Empty space for providing recommendations.

Summary: The Emergency Food Assistance Program (TEFAP) – Section 8

Check Applicable Box:

N/A. Not a TEFAP Review.

Satisfactory. May include recommendations.

Satisfactory With Follow-up Required.

All Required Follow-up Listed Below: Yes No (If No, then a follow-up letter or email will be sent.)

Corrective Action. A corrective action letter or email will be sent.

Follow-Up Required

Recommendations



Washington
State Department of
Agriculture

Food Assistance
PO Box 42560
Olympia, WA 98504-2560
foodassistance@agr.wa.gov

Food Assistance Lead Agency Review

Section D – Review Participants

(Signed by Agency Representative & WSDA Food Assistance Staff)

Signatures of Review Participants

Lead Agency Representative Name & Title

Date

Lead Agency Representative Signature

Food Assistance Reviewer Name & Title

Date of Review

Food Assistance Reviewer Signature

Reviewer's Phone Number



Food Assistance Lead Agency Review

Worksheet 1 – Client Intake Compliance Verification

(EFAP and TEFAP)

EFAP Client Intake

Does the Lead Agency reset new or returning client counts starting January 1st? Yes No *

*If No, effective July 1, 2023 FA requires all Agencies reset new or returning client counts every January 1 for more consistent robust data collection.

Clients self-declare:

- Washington Resident
- Household Size
- Age Range(s) of all household members

Sites may request information such as identification for other programs, however, site must clearly indicate additional information or identification is not required for receipt of food.

Overall Determination: <input type="checkbox"/> In compliance <input type="checkbox"/> Not in compliance	
Recommendations	Follow-Up

TEFAP Client Intake

- The site has the "And Justice for All" original poster displayed at the point of distribution and/or client intake
- The site has the TEFAP Client Notifications displayed at client intake
- The site may request information such as identification for other programs, however, site must clearly indicate additional information or identification is not required for receipt of TEFAP Food.
- Client intake is done for all clients at least once per year
- If a faith-based organization, they have the TEFAP Client Rights poster (WSDA publication 565) displayed and the Client Referral Form (AGR-2239) available for use.
 - N/A – Not faith-based

Check type(s) of intake system(s) used:

- Paper**
 - WSDA Form
 - Other (specify) _____
 - Form meets WSDA program standards and has approval for use
- Electronic**
 - What program is used? _____
 - Program meets WSDA program standards and has approval for use
- Other** (specify) _____
 - System meets WSDA program standards and has approval for use

Regardless of intake template used, does all language replicate the phrasing on current WSDA forms? (Paraphrasing or skipping details is not encouraged) Yes No

Clients self-declare:

- Name
- Address (must reside in Washington – no minimum length of residency required)
- Household Size
- Income is at or below 400% of federal poverty guidelines.
- You agree that TEFAP food is for home consumption and the household is in need of this food.

Clients are informed that when receiving TEFAP food, the following is not required:

- Social security number or identification.
- Proof of: citizenship, immigration status, household size, or income.
- You will not be denied TEFAP food if you refuse to disclose any information that is not a requirement of TEFAP.



Food Assistance Lead Agency Review

Worksheet 2 – Inventory Compliance

(Form is Completed by WSDA Logistics Inventory Team – Relates to CSFP and TEFAP)

1. Is the Lead Agency using an approved inventory report? Yes No
2. Are there any missing reports for the current federal fiscal year? Yes No
3. Are the inventory reports filled out correctly? Yes No
4. Are all received items listed correctly for the month chosen? Yes No
5. Do the Agency BOLs match the issued item for the month chosen? Yes No
6. Are loss and adjustment reports being filled out? Yes No
7. What is the total value of loss for the current federal fiscal year?
8. What is the total value of adjustments for the current federal fiscal year?
9. What is the total value of USDA food for the year in review (for use in determining level of insurance need)?
10. Are all direct USDA shipments received in WBSCM within 48 hours? Yes No

To complete this chart, use inventory records, shipping receipts, distribution records and commodity loss forms. No need for physical inventory. Review two commodities in inventory for each program under review.

Program:	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP
Commodity Description:				
Month/Year:				
Beginning Inventory:				
Amount Received: <small>View bills of lading/receiving docs</small>				
Amount Issued:				
Loss/Adjustment:				
Ending Book Inventory:				
Agree with Inventory Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Determination of Inventory Compliance and Practices

Recommendations	Follow-Up



Food Assistance Lead Agency Review

Worksheet 3 – CSFP Client Intake & Participant File Review

(Completed by Food Assistance Staff on site)

	Participant 1	Participant 2
Case file number or participant's initials:		
Application date:		
Application signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Agreement signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility based on participation in another program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other program:		
Address verified? Mail, Driver's License, Utility Bill, Private Insurance Card, Rent/Lease Agreement, Rent Receipt, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racial data collected? American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic data collected? Hispanic or Latino, Not Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID verified? Birth Certificate, Driver's License, ID Card, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-declared Age:		
Self-declared household size:		
Did client self-declare income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification decision indicated on application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification date:		
Correct certification period assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of days from application to certification decision?		
Were they placed on a waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the required notifications sent on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CSFP Waitlist

Is there a CSFP Client Waitlist or Waitlist Template? Yes No

Waitlist includes the following information:

Date Certified (everyone on waitlist should be certified) Yes No

Date placed on the list Yes No

Date applicant was notified of being placed on the list Yes No

Address and phone number of applicant Yes No

WSDA Form Checks

- Eligibility Application (AGR-2244) is being used.
- Participant Agreement (AGR-2247) is being used.
- Current CSFP Income Guidelines (WSDA publication 444) are posted for clients to view at the point of client intake.
- Notification of Eligibility Determination (AGR-2246) is being used.
- Applicants are notified of their eligibility determination within 10 days.
- Applicants are notified of their placement on a waiting list within 10 days.
- Notification of Eligibility Status Change (AGR-2245) is being used.
- Welcome to the Commodity Supplemental Food Program (WSDA publication 609-739) resource handout is used.

Recommendations	Follow-Up
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Food Assistance Lead Agency Review

Worksheet 4 – Sub Agency File Review

Review Portfolio Section 1 – General Questions – Sub Agency Questions

(Completed by Food Assistance Staff)

Instructions: FA Staff will send list of Sub Agency names to be considered for review. FA Staff will spot check a minimum of 25% or 10 Sub Agreements, whichever is less. If issues are found, FA staff will check an additional 10% to ascertain completeness of files.

Sub Agency Name	Current EFAP, TEFAP, and/or CSFP Sub Agreement	Has Unique Entity Identifier (UEI)? Yes/No	Expiration date for WA Secretary of State (N/A churches)	Date of most recent IRS 501c3 Status revocation check	Expiration Date of Liability Insurance (or N/A – not EFAP)	Current Accounting System Verification Form or Audit (Yes/No or N/A)	Single Audit Requirement Form Date	Proof of Registration in 211? Yes/No	Written Client Confidentiality Policy	Written Client Eligibility Policy	Date of last compliance review
Examples: ABC Food Pantry	E & T	Yes	05/01/24	06/01/24	12/31/24	Yes	12/31/23	Yes	Yes	Yes	12/31/22

Sub Agency Name	Current EFAP, TEFAP, and/or CSFP Sub Agreement	Has Unique Entity Identifier (UEI)? Yes/No	Expiration date for WA Secretary of State (N/A churches)	Date of most recent IRS 501c3 Status revocation check	Expiration Date of Liability Insurance (or N/A – not EFAP)	Current Accounting System Verification Form or Audit (Yes/No or N/A)	Single Audit Requirement Form Date	Proof of Registration in 211? Yes/No	Written Client Confidentiality Policy	Written Client Eligibility Policy	Date of last compliance review
Examples: ABC Food Pantry	E & T	Yes	05/01/24	06/01/24	12/31/24	Yes	12/31/23	Yes	Yes	Yes	12/31/22

Recommendations	Follow-Up



Food Assistance Lead Agency Review

Worksheet 5 – Fiscal Review

Please have ready for Food Assistance (FA) staff to review – off site or on site, the financial backup documentation for the month/quarter selected. FA Staff will verify that A19 Invoice Vouchers paid agree with supporting documentation provided and verify expenditures were allowable costs.

Supporting Documentation for all A19 Invoice Vouchers for all programs under review should be requested. Receipts, invoices, copies of checks are supporting documentation required.

The month selected is: _____

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Salaries: Are there signed time sheets to support the breakout of all salaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Benefits: Does the amount charged to the program correspond with the salaries that are charged to the program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Staff Travel: Are receipts and documentation for travel available and accurate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Office Supplies: Are they documented and allowable costs and if costs are split, is the split supported by a cost sharing or cost allocation plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Equipment purchases: Is documentation available and if costs split, is the split supported by a cost sharing or cost allocation plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Office Rent and Utilities: Are they documented and allowable costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Warehouse Costs: Are they documented and allowable costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. What are the warehouse costs (utilities, labor, repair, supplies, maintenance, etc.)?
a. Storage Costs: Are they documented and allowable costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Equipment Repairs: Are they documented and allowable costs?
a. What equipment is being maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. Lead Agency Reimbursement: Is there appropriate documentation to support payment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11. Mileage: Is there appropriate documentation and is the mileage calculated correctly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12. Are all shared costs allowable and if applicable, are shared costs supported by a cost sharing or cost allocation plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 13. Were payments made for eligible expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 14. Were there any payments made for ineligible expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 15. Were any duplicated charges identified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Recommendations	Follow-Up